

Justice and Child Welfare Systems

Justice System

Nearly 1.7 million of the 2 million adult Americans in prison or jail are seriously involved with drugs or alcohol.¹ Unfortunately, offenders are faced not only with the legal consequences of their actions, but also with the often overwhelming stigma associated with their addiction. This stigma contributes to an environment in which society views incarceration as the only solution.

The costs of incarceration are staggering. The National Center on Addiction and Substance Abuse estimates that of the \$38 billion spent on corrections in 1996, more than \$30 billion was spent incarcerating individuals who had a history of drug and/or alcohol abuse, were convicted of drug and/or alcohol violations, were using drugs and/or alcohol at the time of their crimes, or had committed their crimes to get money to buy drugs.²

Most criminal offenders do not receive help for their addiction; therefore relapse is common. Up to three-fourths of parolees who leave prison without drug treatment for their cocaine or heroin addictions resume drug use within three months of release.³ This is not surprising, given that only about 18 percent of all inmates who need substance abuse treatment actually receive it.⁴ However, an abundance of scientific literature has found that effective substance abuse treatment for drug-abusing offenders saves money, reduces crime, and lowers relapse and recidivism rates. Consider the following:

- Substance abuse treatment cuts drug use in half, reduces criminal activity up to 80 percent, and reduces arrests up to 64 percent.⁵
- Several studies show that treatment and aftercare in the community are necessary to keep offenders from recidivating. For example, one study found that three years after release from prison 27 percent of offenders who received in-prison treatment and treatment after prison had recidivated, while 75 percent of offenders in a comparison group had gone back to prison.⁶

Substance abuse is rarely the only problem an offender is facing. Based on the CAGE diagnostic instrument that is used to assess alcohol dependence and abuse, 34 percent of mentally ill State prison inmates, 24 percent of Federal prisoners, 38 percent of jail inmates, and 35 percent of mentally ill probationers have a history of alcohol dependence.⁷

There appears to be wide recognition by drug courts that participants may suffer from mental disorders, including co-occurring substance abuse and



"My last day [using], I worked 12 hours and came home to cops opening the door for me. I was taken to jail. I cried for days and days, [and] admitted that I was an addict. [The judge] said his conscience would not allow him to find me guilty. Today, I work for alcohol and drug services in the jail. I was destined to be there. Today, I give back."

—**Shireda Prince**

President
Substance Abuse Addiction and
Recovery Alliance of Northern
Virginia

mental disorders. In fact, 61 percent of drug courts report screening for mental problems.⁸ In addition, among jail inmates, those held for drug offenses are the most likely to be HIV positive, and female inmates have higher rates of HIV infection than male inmates.⁹ To succeed, a treatment program must include a comprehensive recovery support system to meet the social, physical, and mental health needs of the individual. For example, among juvenile offenders, treatment options that show the best evidence of effectiveness are behavioral therapies, intensive case management, cognitive-behavioral skills training, family-oriented therapies, and multi-systemic therapy.¹⁰

In an effort to address this important issue, the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) prepared a **Report to Congress on the Prevention and Treatment of Co-occurring Substance Abuse Disorders and Mental Disorders**. In this report, SAMHSA outlines best medical practices and calls for agencies to collaborate to ensure that individuals with co-occurring disorders receive the treatment that they need. According to the report, failure to treat both disorders almost assures an exacerbation of health problems. If one of the co-occurring disorders goes untreated, both usually get worse and additional complications arise.¹¹

Child Welfare System

One of the greatest consequences of untreated substance abuse is the impact on children. Current research indicates that 8.3 million children in the United States, approximately 11 percent, live with at least one parent who is in need of treatment for alcohol or drug dependence.¹² Because the disease of addiction shows no bias, it impacts all social, economic, and racial groups. Not surprisingly, the children most severely affected are those from families without the cushion of financial and emotional resources.¹³ These are our country's most vulnerable and at-risk children.

Many children impacted by substance abuse come to the attention of the child welfare system.

Problems with alcohol and drug abuse are estimated to exist in up to 80 percent of the families known to the child welfare system.¹⁴ In most cases, the parents' substance abuse is a long-standing problem of at least five years.¹⁵

Children whose families do not receive appropriate treatment for alcohol and drug addiction are more likely to remain in foster care longer and to reenter once they have returned home, and their siblings are also more likely to end up in foster care.¹⁶ Moreover, children of alcoholics and drug addicts are more likely to develop substance abuse problems, and have higher rates of emotional, psychiatric, and social functioning difficulties than children from families that do not abuse alcohol and drugs.¹⁷

In addition, there are increasing rates of children who have incarcerated parents. Estimates suggest that nearly 200,000 children under the age of 18 have an imprisoned mother and more than 1.7 million have an imprisoned father.¹⁸ This is one aspect of addiction that is destroying families.

The presence of other factors such as a co-occurring mental and substance use disorders complicates the recovery from addiction, further jeopardizing the safety of the child and the possibility of being reunified with their family of origin. Today, the multiple, complex problems faced by parents who abuse substances and have co-occurring mental disorders or co-existing conditions, such as physical or cognitive disabilities, are likely to require intervention beyond what the child welfare system can offer. It is essential that caseworkers have access to the services of professionals who are able to evaluate addiction, mental, and other complex problems and then provide appropriate treatment services.¹⁹

Evidence from various national studies suggests that these families require access to a comprehensive array of services and supports to achieve long-term abstinence. Some of these services include access to housing, transportation, therapy (including family and trauma recovery services), and childcare, to name a few.

One successful and cost-effective innovation in working with families involved in the child welfare system that have alcohol and drug issues is the use of Family Drug Treatment Courts that provide timely and coordinated access to treatment and support services for families. This coordination reduces the trauma that families experience when faced with multiple systems, policies, and competing timelines.

Making a Difference: What Can I Do?

1. **Address Needs of Families of the Addicted.** It is important to recognize that the children, spouses, siblings, and/or parents of the addicted offender are frequently in need of education and support and may require referrals that can help them understand the recovery process and deal successfully with the situation. Family members may need to be directed to social services and counseling professionals to address multiple issues and problems, such as family dynamics and communication in stressful relationships; children's attendance, performance, and behavior in school; or economic needs. For example, the children of drug abusers are a high-risk group and treatment for the parent becomes prevention for the child.

"Unified family courts" combine all the elements and resources of traditional juvenile and family courts. Within the court, families can access social services, dispute resolution assistance, and counseling. Such systems can better address the needs of children and families, and minimize the reliance on traditional court procedures, often avoiding costly trials and other direct judicial intervention.²⁰

2. **Integrate and Utilize All Available Services.** In order to make the most efficient use of limited resources, professionals in the child welfare and criminal justice systems should work closely with substance abuse and mental health treatment providers, funding agencies, counselors, local health officials, social service organizations, state alcohol and drug agencies, and others in the community to share information, workforce resources, and recovery materials. Developing and cultivating partnerships can extend a program's reach, impact, and credibility. Comprehensive drug courts demonstrate this integration of services well, by forging partnerships between public agencies, private groups, and community-based

treatment organizations and by generating local support for enhancement of drug court program effectiveness. Forming such coalitions expands the continuum of services available to drug court participants and informs the community about drug court concepts.²¹

3. **Focus on Prevention, with Emphasis on Youth.** In 1999, about 98,900 juveniles (9 percent of whom were drug offenders) were incarcerated in public or private juvenile facilities for nonstatus offenses.²² Young people with drug and alcohol problems often experience a variety of accompanying problems, including academic difficulties, a decline in their physical and mental health, ineffective communication and poor relationships with their families and friends, social and economic consequences, and delinquency. Identifying alcohol and drug-using youth in the juvenile justice system is an important first step for intervening in both their substance use and their delinquent behavior.²³ By conducting a comprehensive assessment of a youth when he or she first enters the justice system, criminal justice professionals can help youth receive early intervention and treatment that will help in their efforts to remain free from addiction.
4. **Highlight the Significance of Co-occurring Disorders.** It is important for criminal justice professionals and child welfare caseworkers to become more informed about the significant problem of co-occurring substance abuse and mental disorders and the need for a comprehensive care system to address this issue. Educating yourself and your colleagues about local programs that employ treatment professionals trained extensively in both disorders can help you make appropriate referrals for individuals you serve. Recent research has shown that integrated treatment is superior to sequential or parallel treatment. With integrated treatment, mental health and substance abuse treatments are provided by the same clinician or team of clinicians to ensure that the patient receives a coherent prescription for treatment rather than a contradictory set of messages from different providers.²⁴

Making a Difference: How Can I Focus My Efforts During Recovery Month?

Recovery Month is observed each year in September to promote the importance and efficacy of substance abuse treatment. This year's theme is *"Join the Voices for Recovery: Celebrating Health."*

This is a time for all individuals working in the child welfare system and criminal justice system, including judges, attorneys, correctional facility directors, police officers, probation and parole officers, drug court professionals, and representatives of Federal and state justice associations and agencies, to get involved. **Recovery Month** is an ideal time to take steps to create awareness that treatment is effective and recovery is possible for those suffering from addiction and their families. Following are some things you can do to contribute to this effort:

1. **Make a Public Statement.** Express your opinion about the importance of substance abuse treatment in the context of the criminal justice or child welfare system by sending an op-ed article, a short written piece that appears opposite the editorial page of a newspaper, to the editor of your local paper. Include relevant statistics, persuasive examples, and/or a compelling story of a local person in recovery to illustrate the effectiveness of treatment programs.

2. **Get the Word Out Through the Web.** Promote your support for **Recovery Month** through your organization's web site by posting the **Recovery Month** logo on your home page, as well as any relevant criminal justice-related statistics or fact sheet information. Consider linking your site to some of the web sites of national or local criminal justice or treatment organizations listed in the resource section of this kit or in your own community.
3. **Form a Speakers Bureau.** Throughout the month of September, organize a small group of criminal justice professionals to serve as guest speakers at schools, community events, places of worship, businesses, civic group meetings, and other venues to deliver clear messages about the link between drug and alcohol abuse and crime and the need for effective treatment to help combat addiction.
4. **Educate Internally.** Ensure that you and your colleagues know the most current facts about addiction, its relationship to crime, and the benefits of treatment by having a representative from a local treatment provider make a presentation at your office. Becoming more knowledgeable about this issue will help you to more effectively address the needs of those you serve. In fact, a 1999 national drug court treatment survey indicated a need for training and technical assistance among drug court employees to improve engagement and retention of participants. It emphasized the need for skills in motivational counseling to encourage clients to remain in treatment and achieve a drug-free lifestyle, as well as the importance of using approaches that are culturally relevant, gender-specific, and include referrals to wraparound services, such as job preparation, job placement, GED tutoring, childcare, and domestic violence counseling.²⁵
5. **Support Community Efforts.** Collaborate with a local substance abuse treatment facility in your community by volunteering time, money, and/or resources to further their program. You may also consider collaborating with a treatment organization on a **Recovery Month** press event to raise public awareness about alcohol and drug abuse addiction, treatment, and recovery. For example, reporters could be invited to a press briefing honoring recent drug court graduates or families reunited from the child welfare system (who agree to appear publicly), as well as members of the drug court team and others who have dedicated themselves to helping those in need of treatment.

You are encouraged to share your plans and activities for *Recovery Month* 2003 with SAMHSA's Center for Substance Abuse Treatment, your colleagues, and the general public by posting them on the official *Recovery Month* web site at <http://www.recoverymonth.gov>.

We would like to know about your efforts during *Recovery Month*. Please complete the Customer Satisfaction Form enclosed in the kit. Directions are included on the form.

For any additional *Recovery Month* materials visit our web site at <http://www.recoverymonth.gov> or call 1-800-729-6686.

Additional Resources

Federal Agencies

U.S. DEPARTMENT OF HEALTH AND HUMAN
SERVICES (HHS)

200 Independence Avenue, SW

Washington, DC 20201

877-696-6775 (Toll-Free)

www.hhs.gov

HHS, Substance Abuse and Mental
Health Services Administration (SAMHSA)

5600 Fishers Lane

Parklawn Building, Suite 13C-05

Rockville, MD 20857

301-443-8956

www.samhsa.gov

HHS, SAMHSA

National Clearinghouse for Alcohol
and Drug Information

P.O. Box 2345

Rockville, MD 20847-2345

800-729-6686 (Toll-Free)

800-487-4889 (TDD) (Toll-Free)

877-767-8432 (Spanish) (Toll-Free)

www.ncadi.samhsa.gov

HHS, SAMHSA

National Directory of Drug Abuse
and Alcoholism Treatment Programs

www.findtreatment.samhsa.gov

SAMHSA National Helpline

800-662-HELP (800-662-4357) (Toll-Free)

800-487-4889 (TDD) (Toll-Free)

877-767-8432 (Spanish) (Toll-Free)

(for confidential information on substance
abuse treatment and referral)

www.findtreatment.samhsa.gov

HHS, SAMHSA

Center for Substance Abuse Treatment

5600 Fishers Lane

Rockwall II

Rockville, MD 20857

301-443-5052

www.samhsa.gov

HHS, SAMHSA

Center for Mental Health Services

5600 Fishers Lane

Parklawn Building, Room 17-99

Rockville, MD 20857

301-443-2792

www.samhsa.gov

U.S. DEPARTMENT OF HEALTH AND HUMAN
SERVICES (HHS)

National Institutes of Health (NIH)

9000 Rockville Pike

Bethesda, MD 20892

301-496-4000

www.nih.gov

HHS, NIH

National Institute on Alcohol Abuse
and Alcoholism

Willco Building

6000 Executive Boulevard

Bethesda, MD 20892-7003

301-443-3860

www.niaaa.nih.gov

HHS, NIH

National Institute on Drug Abuse

Office of Science Policy and Communication

6001 Executive Boulevard

Room 5213 MSC 9561

Bethesda, MD 20892-9561

301-443-1124

Telefax fact sheets: 888-NIH-NIDA (Voice) (Toll-Free)

or 888-TTY-NIDA (TTY) (Toll-Free)

www.drugabuse.gov

U.S. DEPARTMENT OF JUSTICE (DOJ)
810 7th Street, NW
Washington, DC 20531
202-514-6278
www.usdoj.gov

DOJ, National Institute of Justice
810 7th Street, NW, 7th Floor
Washington, DC 20531
202-307-2942
www.ojp.usdoj.gov/nij

DOJ, Office of Juvenile Justice and
Delinquency Prevention
810 7th Street, NW
Washington, DC 20531
202-307-5911
www.ojjdp.ncjrs.org

Other Resources

Al-Anon/Alateen
For Families and Friends of Alcoholics
Al-Anon Family Group Headquarters, Inc.
1600 Corporate Landing Parkway
Virginia Beach, VA 23454-5617
888-4AL-ANON/888-425-2666 (Toll-Free)
www.al-anon.alateen.org

Alcoholics Anonymous
475 Riverside Drive, 11th Floor
New York, NY 10115
212-870-3400
www.aa.org

American Bar Association
Standing Committee on Substance Abuse
740 15th Street, NW
Washington, DC 20005
202-662-1784
www.abanet.org

Association of Black Psychologists
P.O. Box 55999
Washington, DC 20040-5999
202-722-0808
www.abpsi.org

Black Administrators in Child Welfare, Inc.
440 First Street, NW, Third Floor
Washington, DC 20001
202-662-4284
www.blackadministrators.org

Center on Juvenile and Criminal Justice
1622 Folsom Street, 2nd Floor
San Francisco, CA 94103
415-621-5661
www.cjcj.org

Child Welfare League of America
440 1st Street, NW, 3rd Floor
Washington, DC 20001
202-638-2952
www.cwla.org

Federation of Families for Children's Mental Health
1101 King Street, Suite 420
Alexandria, VA 22314
703-684-7710
www.ffcmh.org

Join Together
One Appleton Street, 4th Floor
Boston, MA 02116-5223
617-437-1500
www.jointogether.org

Mothers Against Drunk Driving
1025 Connecticut Avenue, NW, Suite 1200
Washington, DC 20036
202-974-2497
www.madd.org

National Association of Drug Court Professionals
4900 Seminary Road, Suite 320
Alexandria, VA 22311
703-575-9400
www.nadcp.org

National Center on Addiction and Substance
Abuse at Columbia University (CASA)
633 3rd Avenue, 19th Floor
New York, NY 10017
212-841-5200
www.casacolumbia.org

National Council of Juvenile
and Family Court Judges
University of Nevada
1041 N. Virginia Street, 3rd Floor
Reno, NV 89557
775-784-6012
www.ncjfcj.unr.edu

National Criminal Justice Reference Service
P.O. Box 6000
Rockville, MD 20849-6000
800-851-3420 (Toll-Free)
301-519-5500
www.ncjrs.org

National Indian Child Welfare Association
5100 SW Macadam Avenue, Suite 300
Portland, OR 97239
503-222-4044
www.nicwa.org

National Mental Health Association
2001 North Beauregard Street, 12th Floor
Alexandria, VA 22311
703-684-7722
800-969-6642
www.nmha.org

National TASC (Treatment Accountability
for Safer Communities)
2204 Mount Vernon Avenue, Suite 200
Alexandria, VA 22301
703-836-8272
www.nationaltasc.org

Physician Leadership on National Drug Policy
PLNDP National Project Office
Center for Alcohol and Addiction Studies
Brown University
Box G-BH
Providence, RI 02912
401-444-1817
www.plndp.org

Sources

- ¹ *Trends in Substance Abuse and Treatment Needs among Inmates*, Final Reports. Washington, DC: U.S. Department of Justice, 2002.
- ² *Drug Treatment in the Criminal Justice System*. Drug Policy Information Clearinghouse Fact Sheet. Office of National Drug Control Policy, White House Executive Office, March 2001.
- ³ Lurigio, Arthur J. Drug treatment availability and effectiveness. *Criminal Justice and Behavior* 27 (4), August 2000.
- ⁴ Substance Abuse in Brief. *Treatment Succeeds in Fighting Crime*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment, December 1999.
- ⁵ *The National Treatment Improvement Evaluation Study (NTIES): Highlights*. DHHS Publication No. (SMA) 97-3159. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment, Office of Evaluation, Scientific Analysis and Synthesis, 1997.
- ⁶ Wexler, H.K., Melnick, G., Lowe, L., and Peters, J. 3-Year Reincarceration Outcomes for Amity In-Prison Therapeutic Community and Aftercare in California. Center for Therapeutic Community Research at the National Development and Research Institutes, Inc. *The Prison Journal* 79(3), 321-336, 1999.
- ⁷ Ditton, P. *Mental Health and Treatment of Inmates and Probationers*. U.S. Department of Justice, Bureau of Justice Statistics, 1999.
- ⁸ *Treatment Services in Adult Drug Courts: Report on the 1999 National Drug Court Treatment Survey*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Drug Courts Program Office, May 2001.
- ⁹ *ibid.*
- ¹⁰ McBride, D., VanderWaal, C., VanBuren, H., and Terry, Y. *Breaking the Cycle of Drug Use Among Juvenile Offenders*. Manuscript prepared for the National Institute of Justice, 1997.
- ¹¹ *Report to Congress on the Prevention and Treatment of Co-occurring Substance Abuse Disorders and Mental Disorders*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, 2002.
- ¹² *You Can Help: A Guide for Caring Adults Working with Young People Experiencing Addiction in the Family*. DHHS Publication No. (SMA) 01-3544, U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment, 2001.
- ¹³ Young, N. K., Wingfield, K., and Klempner, T. *Child Welfare; Journal of Policy, Practice, and Program*. Child Welfare League of America, Vol. LXXX, #2, March/April 2001.
- ¹⁴ Young, N. K., Gardner, S. L., and Dennis, K. *Responding to alcohol and other drug problems in child welfare: Weaving together practice and policy*. Washington, DC: Child Welfare League of America, 1998.
- ¹⁵ *Blending Perspectives and Building Common Ground: A Report to Congress on Substance Abuse and Child Protection*. Washington, DC: U.S. Department of Health and Human Services, 1999.

¹⁶ *ibid.*

¹⁷ Kumpfer, K. L. Outcome measures of interventions in the study of children of substance-abusing parents. *Pediatrics*, 103 (5), 1128–1144, 1999.

¹⁸ Gilliard and Mumola. *Prisoners in 1998*. Bureau of Justice Statistics Bulletin. Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics, August 1999.

¹⁹ *ibid.*

²⁰ *Cutting Crime: Drug Courts in Action*. Washington, DC: Drug Strategies, 1997.

²¹ *Defining Drug Courts: The Key Components*. Washington, DC: National Association of Drug Court Professionals and Drug Courts. U.S. Department of Justice, Office of Justice Programs, January 1997.

²² *Drug Treatment in the Criminal Justice System*.

²³ *Drug Identification and Testing in the Juvenile Justice System*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention, May 1998.

²⁴ McBride, D. et al.

²⁵ *Treatment Services in Adult Drug Courts: Report on the 1999 National Drug Court Treatment Survey*.